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SERIAL NUMBER 10/092,907	FILING OR 371(c) DATE 03/06/2002 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 06523-101	
APPLICANTS James H. Levine, Westford, MA; Joop F. Hoekstra, Medfield, MA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/05/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 11	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
ADDRESS JOOP F. HOEKSTRA 14 WESTVIEW ROAD MEDFIELD, MA 02052					
TITLE Variable radius flexibility apparatus					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		